

TRANSMITTAL FORM	Application Number	09/712,584
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	November 14, 2000
	Inventor	D.A. FARIAS et al.
	Group Art Unit	3627
	Examiner Name	Gerald J. O'Connor
	Attorney Docket Number	SJO919990173US1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Preliminary <input type="checkbox"/> Supplemental <input type="checkbox"/> After Final <input type="checkbox"/> Rule 312 <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement: ___ references <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings: ___ Replacement Sheets <input type="checkbox"/> Petition for Corrected Notice of Recordation <input type="checkbox"/> Petition for Corrected Filing Receipt <input checked="" type="checkbox"/> Fee Transmittal <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Comments on Statements of Reasons for Allowance	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pre-Appeal Brief Request for Review <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Letter/ Status Request <input type="checkbox"/> Issue Fee Transmittal Form <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Request for Duplicate/ Replacement Copy <input type="checkbox"/> Response to Notice of Non- Compliant Amendment
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	/David Victor/
Date:	December 4, 2007
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Dr., Suite 210 Beverly Hills, CA 90212 310-556-7983	The Commissioner is hereby authorized to charge to Deposit Account No. 09-0466 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees or any other deficiency, and credit any overpayment to this deposit account.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below.		
Typed or Printed Name:	David W. Victor	Customer No. 46917
Signature:	/David Victor/	
Date:	December 4, 2007	

FEE TRANSMITTAL	Application Number	09/712,584
for FY 2005	Filing Date	November 14, 2000
	Inventor	D.A. Farias et al.
	Group Art Unit	3627
	Examiner Name	Gerald J. O'Connor
Total Amount of Payment: \$500.00	Attorney Docket Number	SJO919990173US1

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to Deposit Account Number: 09-0466 <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Charge any deficiency or credit any overpayment</p> <p>2. <input type="checkbox"/> Payment enclosed: <input type="checkbox"/> Ck. No. _____ for \$_____ <input type="checkbox"/> Ck. No. _____ for \$40 <input type="checkbox"/> Credit Card Approval for _____</p> <p>FEE CALCULATION</p> <p>1. <input type="checkbox"/> BASIC FILING FEE Utility Filing Fee: Large Entity Fee Code 1011 \$300.00</p> <p>2. <input type="checkbox"/> UTILITY SEARCH FEE \$500.00</p> <p>3. <input type="checkbox"/> UTILITY EXAMINATION FEE \$200.00</p> <p>4. <input type="checkbox"/> EXTRA CLAIMS FEES Total Claims ____ - 20* x \$50= \$_____ Ind. Claims ____ - 3* x \$200= \$_____ Multiple Dependent <u>0</u> x \$360= \$0</p> <p>Subtotal \$_____</p> <p>*(or number previously paid for)</p>	<p>FEE CALCULATION (continued)</p> <p>3. ADDITIONAL FEES (large entity)</p> <table border="0"> <tr> <td><input type="checkbox"/> Surcharge- late filing fee or oath</td> <td>\$130</td> </tr> <tr> <td><input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet</td> <td>\$50</td> </tr> <tr> <td><input type="checkbox"/> Non-English specification</td> <td>\$130</td> </tr> <tr> <td><input type="checkbox"/> International type search report</td> <td>\$40</td> </tr> <tr> <td><input type="checkbox"/> Requesting publication of SIR prior to action</td> <td>\$920</td> </tr> <tr> <td><input type="checkbox"/> Requesting publication of SIR after action</td> <td>\$1840</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply- first month</td> <td>\$120</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply- second month</td> <td>\$450</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply- third month</td> <td>\$1020</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply- fourth month</td> <td>\$1590</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply- fifth month</td> <td>\$2160</td> </tr> <tr> <td><input type="checkbox"/> Notice of Appeal</td> <td>\$500</td> </tr> <tr> <td><input checked="" type="checkbox"/> Brief in Support of Appeal</td> <td>\$10</td> </tr> <tr> <td colspan="2">\$500 previously paid on 07-11-2005</td> </tr> <tr> <td><input type="checkbox"/> Request for Oral Hearing</td> <td>\$1000</td> </tr> <tr> <td><input type="checkbox"/> Utility issue fee</td> <td>\$1400</td> </tr> <tr> <td><input type="checkbox"/> Petition to revive (unavoidable)</td> <td>\$500</td> </tr> <tr> <td><input type="checkbox"/> Petition to revive (unintentional)</td> <td>\$1500</td> </tr> <tr> <td><input type="checkbox"/> Petitions to the Commissioner</td> <td>\$130</td> </tr> <tr> <td><input type="checkbox"/> Petitions related to provisional applications</td> <td>\$50</td> </tr> <tr> <td><input type="checkbox"/> Submission of Information Disclosure Statement</td> <td>\$180</td> </tr> <tr> <td><input type="checkbox"/> Recordation of Assignment</td> <td>\$40</td> </tr> <tr> <td><input type="checkbox"/> Submission after final (37 CFR 1.129(a))</td> <td>\$790</td> </tr> <tr> <td><input type="checkbox"/> Request for Continued Examination (RCE)</td> <td>\$790</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> <tr> <td>SUBTOTAL</td> <td><u>\$ 10.00</u></td> </tr> </table>	<input type="checkbox"/> Surcharge- late filing fee or oath	\$130	<input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet	\$50	<input type="checkbox"/> Non-English specification	\$130	<input type="checkbox"/> International type search report	\$40	<input type="checkbox"/> Requesting publication of SIR prior to action	\$920	<input type="checkbox"/> Requesting publication of SIR after action	\$1840	<input type="checkbox"/> Extension for reply- first month	\$120	<input type="checkbox"/> Extension for reply- second month	\$450	<input type="checkbox"/> Extension for reply- third month	\$1020	<input type="checkbox"/> Extension for reply- fourth month	\$1590	<input type="checkbox"/> Extension for reply- fifth month	\$2160	<input type="checkbox"/> Notice of Appeal	\$500	<input checked="" type="checkbox"/> Brief in Support of Appeal	\$10	\$500 previously paid on 07-11-2005		<input type="checkbox"/> Request for Oral Hearing	\$1000	<input type="checkbox"/> Utility issue fee	\$1400	<input type="checkbox"/> Petition to revive (unavoidable)	\$500	<input type="checkbox"/> Petition to revive (unintentional)	\$1500	<input type="checkbox"/> Petitions to the Commissioner	\$130	<input type="checkbox"/> Petitions related to provisional applications	\$50	<input type="checkbox"/> Submission of Information Disclosure Statement	\$180	<input type="checkbox"/> Recordation of Assignment	\$40	<input type="checkbox"/> Submission after final (37 CFR 1.129(a))	\$790	<input type="checkbox"/> Request for Continued Examination (RCE)	\$790	<input type="checkbox"/> Other:		SUBTOTAL	<u>\$ 10.00</u>
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Submitted by:

Firm or Individual Name:	David W. Victor; Registration No. 39,867	Customer No. 46917
Signature:	/David Victor/	
Date: <u>December 4, 2007</u>	Telephone: (310) 553-7977	